Federal Fiscal Year 2001
FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble
Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist states in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with states to develop a framework for the Title XXI annual reports.

The framework is designed to:

- Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

Federal Fiscal Year 2001
FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
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State/Territory: North Dakota
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

/s/ David Zentner
(Signature of Agency Head)

SCHIP Program Name(s): Healthy Steps

SCHIP Program Type:
____Medicaid SCHIP Expansion Only
_____Separate SCHIP Program Only
__X__Combination of the above

Reporting Period: Federal Fiscal Year 2001 (10/1/2000-9/30/2001)

Contact Person/Title: Sheldon Wolf

Address: 600 East Boulevard Avenue, Bismarck, ND 58505

Phone: 701-328-1603 Fax: 701-328-1544

Email: sowols@state.nd.us
Submission Date: December 31, 2001

(Due to your CMS Regional Contact and Central Office Project Officer by January 1, 2002)
Please cc Cynthia Pernice at NASHP (cpernice@nashp.org)

SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This sections has been designed to allow you to report on your SCHIP program changes and progress during Federal fiscal year 2001 (September 30, 2000 to October 1, 2001).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 2000 in the following areas and explain the reason(s) the changes were implemented.

Note: If no new policies or procedures have been implemented since September 30, 2000, please enter "NC" for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

A. Program eligibility **The process to determine eligibility for self employed individuals was changed to allow the use of the last year or the three latest years tax returns to determine eligibility for the Healthy Steps program. Whichever is more beneficial for the applicant is used to determine Healthy Steps eligibility.**

B. Enrollment process **N/C**

C. Presumptive eligibility **N/C**

D. Continuous eligibility **N/C**

E. Outreach/marketing campaigns **The Department contracted with two additional contracts during the current year to provide outreach. These vendors were Tribes and they provided outreach activities in their respective reservations.**

F. Eligibility determination process **N/C**

G. Eligibility redetermination process **N/C**

H. Benefit structure **N/C**

I. Cost-sharing policies **N/C**

J. Crowd-out policies **N/C**

K. Delivery system **N/C**

L. Coordination with other programs (especially private insurance and Medicaid) **N/C**

M. Screen and enroll process **N/C**

N. Application **N/C**

O. Other

1.2 Please report how much progress has been made during FFY 2001 in reducing the number of uncovered low-income children.

A. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2001. Describe the data source and method used to derive this information. **Based on a comparison of the number of children enrolled in both Medicaid and Healthy Steps for September. The number of enrolled children increased from 22,387 to 23,133, an increase of 746. Even though the number increased from September 2000 to September 2001, the number of children ever enrolled in the entire fiscal year ended September 2001 compared to September 2000, decreased by 404; 31,534 compared to 31,938 for September 2000. This would tend to suggest that individuals coming onto the program are staying on the program and those leaving the programs are not returning. Data source: HCFA 21E, 64-EC, and the 64-21E, monthly Medicaid and Healthy Steps eligibility reports.**

B. How many children have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information. **Based on a comparison of eligible from September 30, 2001 to September 30, 2000, the number of Medicaid eligible individuals increased 174 children. The Department does not specifically track referrals from Healthy Steps outreach to the Medicaid program.**

C. Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State. **The Caring Program has 513 children enrolled in the program as of September 2001. This is an increase of 188 children.**

D. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

__**X**__ No, skip to 1.3

____ Yes, what is the new baseline?

What are the data source(s) and methodology used to make this estimate?

What was the justification for adopting a different methodology?

What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

1.3 Complete Table 1.3 to show what progress has been made during FFY 2001 toward achieving your State's strategic objectives and performance goals (as specified in your State Plan).

In Table 1.3, summarize your State's strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

Column 1: List your State's strategic objectives for your SCHIP program, as specified in your State Plan.
Column 2: List the performance goals for each strategic objective.
Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator and denominator). Please attach additional narrative if necessary.

Note: *If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter "NC" (for no change) in column 3*.

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objectives related to Reducing the Number of Uninsured Children		

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objective 1) Reduce the percentage of North Dakota Children, from birth to 19 years of age, who are uninsured.	1.1 By October 31, 2000, at least 1,600 previously uninsured low-income children will be enrolled in Healthy Steps	Data Sources: Initial September Premium Payments Methodology: Number of premiums paid Progress Summary: As of September 30, 2001, 2,600 children were enrolled in Healthy Steps.
	1.2 By December 31, 2000, the number of Medicaid eligible children younger than 19 years of age who are enrolled in Medicaid will be increased by 10% or about 500 children.	Data Sources: HCFA 64.21E and 64EC Methodology: Comparison of 4th quarter 2001 to 4th quarter 1999. Progress Summary: We have seen a decrease of enrollment in the number of children enrolled in the Medicaid program based on the number of children ever enrolled in the quarter. The decrease was 1,387, but overall, the increase has been an increase of 1,751 children in both programs. Additionally, if you compare September 1999 Medicaid monthly data to September 2001 monthly data, the decrease was only 111 children. This suggests that children are not coming on and off the program, but are remaining on the program.
	1.3 By December 31, 2000, the percentage of children from birth to 19 years of age without health insurance will be decreased from 14,663 to 13, 000 or a reduction of 11.4%	Data Sources: HCFA 64.21E, 64EC and the HCFA 21E Methodology: Comparison of the number of children enrolled in Healthy Steps and Medicaid in the quarter ended September 1999 to September 2001 Progress Summary: The increase in enrolled children is 1751, which exceeded the net reduction identified in the goal of 1,663. Additionally, the programs have been referring individuals to the Caring Program, which has also seen additional growth.

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
	1.4 By November 1, 1999, a coordinated statewide outreach program for the identification and enrollment of Healthy Steps eligible children into the program will be established.	Data Sources: Methodology: Progress Summary: The Department has done the following: • Conducted 9 regional Healthy Steps workshops • Developed packets of outreach material that contains brochures, applications, post cards, fact sheets and order cards • Mailed postcards to all families with children in public/private and reservation schools (121,000) • Printed Healthy Steps panel on back of Cass Clay Milk Cartons • Coordinated Department Tribal Liaison, hired local tribal members on two reservations to conduct local outreach. • Healthy Steps Booth at the "Stand for Children Day" at the Dakota Zoo • Healthy Steps Booth at two Native American Workshops • Included Healthy Steps postcard in all drivers' license renewals through Department of Transportation. • Coordinated media opportunities through Meritcare Clinic's pediatricians. • Ongoing Healthy Steps TV and Radio public service announcements. • Linked Healthy Steps website to other sites. • Mailed a total of 60,000 applications and 85,000 brochures statewide. • Met with provider organizations such as The American Academy of Pediatrics and the North Dakota Medical Association. • Many local outreach activities throughout North Dakota through community partners such as WIC, Extension, Schools, Public Health, and Farm Service Agencies • Ongoing mailing of ordered material to many entities such as medical clinics, pharmacies, dental and optometry providers, public health agencies and insurance agents.
Objectives Related to SCHIP Enrollment		
		Data Sources: Methodology: Progress Summary:
Objectives Related to Increasing Medicaid Enrollment		
		Data Sources:

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
		Methodology: Progress Summary:
Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need)		
Objective 2) Improve access to health care services for North Dakota children enrolled in Healthy Steps.	2.1 By September 30, 2000, at least 90% of children enrolled in Healthy Steps will have an identified primary care location.	Data Sources: January 2001 Recipient Survey Methodology: Percentage of respondents who answered "yes" to the question: "A personal doctor or nurse is the health provider who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant. Do you have one person who you think of as your child's personal doctor or nurse?" Progress Summary: Of those responding, 77.7% indicated yes.
	2.2 By June 30, 2000, there will be a decrease in the proportion of Healthy Steps enrolled children who were unable to obtain needed medical care during the preceding year.	Data Sources: January 2001 Recipient Survey Methodology: Percentage of respondents who answered "Big Problem" to the question: "In the last six months, how much of a problem, if any, was it to get care for your child that you or a doctor believed was necessary?" Progress Summary: Of those responding, .4% responded that it was a "Big Problem". Over 95.2% indicated that it was "Not a problem."
	2.3 By September 30, 2000, at least 45% of Healthy Steps children will have received dental services prior to kindergarten entry.	Data Sources: Healthy Steps Report Card Methodology: Tracked claims of members with continuous coverage through 1/01/00-12/31/00 Progress Summary: 80% of 5- year-old members have received dental services.
Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)		
Objective 3) Ensure the children enrolled in Healthy Steps receive timely and comprehensive preventive health care services.	3.1 By September 30, 2001, at least 55% of children who turned 24 months old during the preceding year and were continuously enrolled in Healthy Steps will have received at least four well-child visits with a primary care provider during their first 24 months of life.	Data Sources: Healthy Steps Report Card Methodology: Tracked claims of members with Continuous coverage from 10/01/99 through 12/31/2000. Progress Summary: 0% of 2 -year-old members met the criteria as none of the members were enrolled in the program for the 24-month period. As the program is in operation for a longer period of time, this will become a meaningful measure. The number of individuals that will be measured will be minimal, as the difference between the Medicaid and Healthy Steps program is only 7%. (140% compared to 133% for Medicaid)

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
	3.2 By September 30, 2000, at least 55% of three through six year old children who were continuously enrolled in Health Steps during the preceding year will have received one or more well care visits with a primary care provider during the preceding year.	Data Sources: Healthy Steps Report Card Methodology: Tracking claims of members with continuous coverage from 01/01/2000 through 12/31/2000 Progress Summary: 13% of children ages 3-6 had one or more well-child visits with a primary care provider within the year while 69% of children ages 3-6 had one or more office visits (regardless of diagnosis) with a primary care provider within the year. This indicates that children are receiving health care at a high percentage to meet their medical needs.
	3.3 By September 30, 2000, at least 80% of two year-old children enrolled in Healthy Steps will have received all age appropriate immunizations using the HEDIS measure definition.	Data Sources: Healthy Steps Report Card Methodology: Tracking claims of members with continuous coverage from 01/01/2000 through 12/31/2000 Progress Summary: 70% of children age 2 received DTP, MMR, OPV, HIB, Hep B while 39% received DTP, MMR, OPV, HIB, Hep B and VSV.
	3.4 By September 30, 2000, at least 55% of 13-year-old children enrolled in Healthy Steps will have received a second dose of MMR using the HEDIS measure definition and a dose of Hepatitis B vaccine.	Data Sources: Healthy Steps Report Card Methodology: Tracking claims of members with continuous coverage from 01/01/2000 through 12/31/00 Progress Summary: 74% of children aged 13 received a second dose of MMR while 21% received a booster dose of Hepatitis B, and 8% received a Varicella vaccination.
	3.5 By September 30, 2000, at least 45% of Healthy Steps enrolled children eight years of age will have received a periodic oral evaluation.	Data Sources: Healthy Steps Report Card Methodology: Tracking claims of members with continuous coverage from 01/01/2000 through 12/31/00. Progress Summary: 76% of 8-year-old members received a dental visit during the year.
	3.6 By September 30, 2000, at least 45% of Healthy Steps enrolled children eight-years of age will have received one vision screening service.	Data Sources: Healthy Steps Report Card Methodology: Tracking claims of members with continuous coverage from 01/01/2000 through 12/31/2000 Progress Summary: 52% of children age 8 received a vision screening during the year.
	3.7 By September 30, 2000, at least 80% of children who turned 24 months during the preceding year and enrolled in Healthy Steps will have received one developmental screening.	Data Sources: Methodology: Progress Summary: In researching this objective, it was noted that developmental screenings are not done for all children before they turn 24 months of age. There are 8 pilot health units established in North Dakota. If concerns are noted, a developmental screening is done. The Healthy Steps children are not specifically identified. Therefore this objective is not measurable at the present time.

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
	3.8 By September 30, 2000, at least 50% of newborns enrolled in Healthy Steps will have received one newborn nursing home visit within the first three months of birth.	Data Sources: Methodology: Progress Summary: This service is carried out by the county public health nurses. Parents are given the information while they are hospitalized and the nurse contacts them when they get home. We are unable to track as this is a free service and as such is not billed. Therefore we are unable to track this measure.
	3.9 By September 30, 2000, at least 80% of newborns enrolled in Healthy Steps will have received a hearing screening.	Data Sources: Methodology: Progress Summary: At the present time, statewide hearing screenings for newborns are not in place. Of the total number of babies born in 2000, 42% were given a hearing screening prior to discharge from the hospital. This occurred mostly in the eastern part of North Dakota. At the present time, we do not have the capability of differentiating the Healthy Steps infants from the general population. Therefore, this objective is not measurable.
Other Objectives		
Objective 4: Ensure the children enrolled in Healthy Steps receive high-quality health care services.	4.1 By September 30, 2001, the annual readmission rate for asthma hospitalizations among Healthy Steps enrolled children will have decreased compared to the rate during the prior year.	Data Sources: Healthy Steps Report Card Methodology: Tracking claims of members with Continuous Coverage incurred from 01/01/2000 to 12/31/2000 Progress Summary: The asthma population of the Healthy Steps program will be identified and rates of admissions and emergency room utilization will be compared on an annual basis. There are 60 members identified with an asthma diagnosis. Of that total number, there were 2 inpatient admits, 7 hospital outpatient services, 4 Emergency Room visits and 152 prescriptions that were asthma related. This will be the baseline for comparison on an annual basis.
	4.2 By December 31, 1999, a set of quality indicators will be selected and methods established for ongoing collection and monitoring of the indicators.	Data Sources: Methodology: Progress Summary: See 5.3
	4.3 By September 30, 2000, at least 80% of families enrolled in Healthy Steps who are surveyed will report overall satisfaction with their health care.	Data Sources: January 2001 Recipient Survey Methodology: Percentage of respondents who answered 6 or more on a scale of 1 to 10 with 10 being very satisfied to the question: “We want to know your satisfaction with all your experience with Healthy Steps. How would you rate Healthy Steps?” Progress Summary: Of those responding, 98.4% responded with a 6 or higher of which 80.5% rated Healthy Steps as a 10.

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objective 5: Improve health status among children enrolled in Healthy Steps.	5.1 By September 30, 2000, no more than 25% of Healthy Steps enrolled children age six through eight years old will have untreated dental caries.	Data Sources: Methodology: Progress Summary: This goal is not measurable, as it is impossible to determine the number of children who have untreated dental caries. But based on the January 2001 survey completed by Blue Cross, of those responding 65% reported seeing a dentist one or more times. We will plan to replace with a new measure. (See 5.3)
	5.2 By June 30, 2000, a method will be established and a survey instrument developed and/or adopted for use in assessing overall health status among Healthy Steps enrollees, over time and as compared to other groups of children.	Data Sources: Healthy Steps Report Card developed in conjunction with Blue Cross/Blue Shield administrative staff to measure paid claims. Methodology: Tracking paid claim from members with continuous coverage from 01/01/2000 through 12/31/2000 in the areas which have been identified to measure. Progress Summary: The results have varied as the process evolves. The department has reviewed the current survey performance goals and objectives and will be implementing changes to assure the effectiveness of the various measures. Some will be deleted because they have been found to be ineffective and data is unattainable. Others have been refined to assure the data is useful and complete in portraying the efficacy of the program. Additionally, there is a yearly survey completed to track ongoing status of recipient satisfaction.
	5.3 By December 31, 1999, a set of child health status indicators will be selected and methods established for ongoing data collections and monitoring of these indicators. Careful consideration will be given to subgroups such as American Indians and children with Special health needs.	Data Sources: Overall review of all paid claims. Methodology: Determining areas of high utilization and determining appropriate method of tracking to ascertain if needs of the members are being met in the high use areas. Progress Summary: The following areas have been identified as additional measures which will be implemented. 1) The number of members age 6+ with dental fillings during the year will be compared on an annual basis. 2) The rate of emergency room utilization will be compared on an annual basis. 3) The rate of psychiatric/chemical dependency utilization will be compared on an annual basis. 4) The diabetes population of the Healthy Steps program will be identified and rates of admissions and emergency room utilization will be compared on an annual basis.
Objective 6: Ensure a crowd out of employer coverage of children enrolling in Healthy Steps does not occur.	6.1 By December 31, 1999 a mechanism will be established to measure any changes in rates (increase or decrease) of individuals purchasing or employers offering private insurance, to identify “crowd out,” that may be due to the implementation of the Healthy Steps program.	Data Sources: N/A Methodology: N/A Progress Summary: No mechanism was established to measure the changes in rates, as there was no economical feasible method to use.

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
	6.2 Maintain the proportions of children at 140% of federal poverty level who are covered under and employer-based plan taking into account decreases due to increasing health care costs or a downturn in the economy.	Data Sources: Methodology: Progress Summary: No study was conducted to determine if this objective was met due to the cost.

1.4 If any performance goals have not been met, indicate the barriers or constraints to meeting them.

Some of the goals that we originally had identified to track were found to be immeasurable because different entities are involved in delivering the services such as newborn home visits.

These screenings are part of the service that is provided through the public health nurses and are not billed through Healthy Steps. These services are arranged upon discharge of the mother and baby from the hospital following delivery. They are being offered and provided. However, they are not part of the claims processed through Healthy Steps. Therefore, tracking of these services in a comprehensive manner is not possible.

Initially, we were finding difficulty in capturing accurate data concerning appropriate immunizations for children under age 2 and also children age 13 receiving booster doses of vaccine. By using a method of further breaking down the data to each vaccination, we have made progress in obtaining a clearer picture of the vaccination/immunization status of children on the program.

We were also interested in seeing whether we are improving in providing dental services for the members. We are developing a baseline of initial numbers of fillings for each member and will then track dental health by noting whether their dental caries increase or decrease on an annual basis.

1.5 Discuss your State's progress in addressing any specific issues that your state agreed to assess in your State plan that are not included as strategic objectives.

1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available.

The Department has reviewed the performance measures and will be updating them to reflect measurable performance measures including timeframes of review. These should be available for the next annual report.

1.7 Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here.

Two studies were conducted during the year.

The first document is a follow through survey regarding individuals who were referred from the Healthy Steps program to Medicaid. The attached file is called:
Healthy Steps Medicaid Follow-Through Survey

The Second survey is a member satisfaction survey completed by Blue Cross/Blue Shield in January 2001. The attached file is called: **January 2001 Recipient Survey.zip.**

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1 Family coverage:

A. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and predetermination, cost sharing and crowd-out. **N/A**

B. How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2001 (10/1/00 - 9/30/01)?

_____Number of adults
_____Number of children

C. How do you monitor cost-effectiveness of family coverage?

2.2 Employer-sponsored insurance buy-in:

A. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s). **N/A**

B. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2001?

_____Number of adults
_____Number of children

2.3 Crowd-out:

A. How do you define crowd-out in your SCHIP program? **Crowd out is defined as individuals dropping insurance to become eligible for the Healthy Steps Program.**

B. How do you monitor and measure whether crowd-out is occurring? **The person applying for Healthy Steps self certifies if they have had insurance, if they have had health insurance, when and why the coverage ended. We monitor this information and, during the year have denied eligibility for 262 individuals who had creditable coverage, 14 who had coverage in the last six months and 39 who we referred to the caring program during the year because they have or had coverage in the six months prior to applying.**

C. What have been the results of your analyses? Please summarize and attach any available reports or other documentation. **N/A**

D. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information. **A six month waiting period, as families do not want to go without coverage for six months. The data source and method is antidotal.**

2.4 Outreach:

A. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness? **Successful outreach is a combination of targeted approaches. North Dakota has conducted specific outreach in such areas as schools, license renewal letters, Head Start programs, and print and network media. Effectiveness has been measured through the school outreach by marking all applications the Department has mailed to schools. We have tracked these applications as they come into our office for enrollment. We also monitor activity on our toll-free phone number when a media event has taken place, and often see an increase in usage.**

B. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness? **We have experienced success in reaching Native American families living within reservation boundaries by funding outreach workers through the local tribes. We monitor enrollment by race in the reservation counties on a monthly basis. We have seen direct increases in enrollment in these areas that have an active outreach worker.**

C. Which methods best reached which populations? How have you measured effectiveness? **It appears the direct face to face type of outreach works best with rural and Native American families. Ongoing written and network media seems to work in the area surrounding the State Capital, the location where Healthy Steps eligibility determination takes place. It is difficult to measure effectiveness other than looking at enrollment numbers by county. Again, it seems a consistent combination of strategies such as media and face to face outreach, are most effective in North Dakota.**

2.5 Retention:

A. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP? **We send out a re-enrollment applications during the 10th month and follow that up with telephone calls if the information is not returned.**

B. What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible?

__X__ Follow-up by caseworkers/outreach workers
____ Renewal reminder notices to all families
____ Targeted mailing to selected populations, specify population
____ Information campaigns
__X__ Simplification of re-enrollment process, please describe **The form used to re-enroll families includes the demographic information already so they do not need to provide that information unless it has changed.**
____Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe
____ Other, please explain

C. Are the same measures being used in Medicaid as well? If not, please describe the differences. **N/A**

D. Which measures have you found to be most effective at ensuring that eligible children stay enrolled? **Direct contact by eligibility workers.**

E. What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?) Describe the data source and method used to derive this information. **N/A**

2.6 Coordination between SCHIP and Medicaid:

A. Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? Please explain. **No**

B. Explain how children are transferred between Medicaid and SCHIP when a child's eligibility status changes. **When an application is received by Medicaid or Healthy Steps and it is determined that they are potentially eligible for the other program, they are informed to apply for that program. Additionally, Healthy Steps notifies Medicaid of the referral and sends the applicant a Medicaid application that they can complete before contacting the county.**

C. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain. **Not entirely, but most providers are Medicaid providers and Healthy Steps Providers.**

2.7 Cost Sharing:

A. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? **No**

B. Has your State undertaken any assessment of the effects of cost-sharing on utilization of health service under SCHIP? If so, what have you found? **No**

2.8 Assessment and Monitoring of Quality of Care:

A. What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results. **See the BC/BS survey: January 2001 Recipient Survey.Zip**

B. What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care? **We have specific objectives. (See Table 1.3)**

C. What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? **See Table 1.3, Performance Goal 5.3** When will data be available? **The next annual report.**

SECTION 3. SUCCESSES AND BARRIERS

This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.

3.1 Please highlight successes and barriers you encountered during FFY 2001 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.

Note: If there is nothing to highlight as a success or barrier, Please enter "NA" for not applicable.

A. Eligibility **N/A**

B. Outreach **N/A**

C. Enrollment **N/A**

D. Retention/disenrollment **N/A**

E. Benefit structure **N/A**

F. Cost-sharing **N/A**

G. Delivery system **N/A**

H. Coordination with other programs **N/A**

I. Crowd-out **N/A**

J. Other **N/A**

SECTION 4: PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

4.1 **Please complete Table 4.1 to provide your budget for FFY 2001, your current fiscal year budget, and FFY 2002-projected budget. Please describe in narrative any details of your planned use of funds.**

N*ote: Federal Fiscal Year 2000 starts 10/1/99 and ends 9/30/00).*

	Federal Fiscal Year 2001 costs	Federal Fiscal Year 2002	Federal Fiscal Year 2003
Benefit Costs			
Insurance payments	2,946,524	3,972,687	2,983,342
Managed care			
per member/per month rate X # of eligible			
Fee for Service	108,421	972,847	2,785,802
Total Benefit Costs	3,054,945	4,945,534	5,769,144
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	3,054,945	4,945,534	5,769,144
Administration Costs			
Personnel	43,312	39,599	39,599
General administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing		32,119	42,825
Outreach/marketing costs	30,278	49,600	49,600
Other	10,786	7,900	7,900
Total Administration Costs	84,376	129,218	139,924
10% Administrative Cost Ceiling	305,495	494,553	576,914
Federal Share (multiplied by enhanced FMAP rate)	2,479,750	4,004,487	4,662,846
State Share	659,571	1,070,265	1,246,222
TOTAL PROGRAM COSTS	3,139,321	5,074,752	5,909,068

4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2001. **N/A**

4.3 What were the non-Federal sources of funds spent on your SCHIP program during FFY 2001?

__**X**__ State appropriations
_____ County/local funds
_____ Employer contributions
_____ Foundation grants
_____ Private donations (such as United Way, sponsorship)
_____ Other (specify)

A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures. **No**

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.

5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	**Medicaid Expansion SCHIP program**	**Separate SCHIP program**
Program Name	**Medicaid**	**Healthy Steps**
Provides presumptive eligibility for children	__X__No _____Yes, for whom and how long?	__X__No _____Yes, for whom and how long?
Provides retroactive eligibility	_____No __X__Yes, for whom and how long? **3 months if medical need**	__X__No _____Yes, for whom and how long?
Makes eligibility determination	_____State Medicaid eligibility staff _____Contractor _____Community-based organizations _____Insurance agents _____MCO staff __X__Other *(specify)* **County Eligibility Staff**	__X__State Medicaid eligibility staff _____Contractor _____Community-based organizations _____Insurance agents _____MCO staff _____Other *(specify)*
Average length of stay on program	Specify months	Specify months **12**
Has joint application for Medicaid and SCHIP	_____No __X__Yes	__X__No _____Yes
Has a mail-in application	_____No __X__Yes	_____No __X__Yes
Can apply for program over phone	__X__No _____Yes	__X__No _____Yes
Can apply for program over internet	__X__No _____Yes	__X__No **But the application is available online** _____Yes
Requires face-to-face interview during initial application	__X__No _____Yes	__X__No _____Yes
Requires child to be uninsured for a minimum amount of time prior to enrollment	__X__No _____Yes, specify number of months What exemptions do you provide?	_____No __X__Yes, specify number of months **6** What exemptions do you provide? **If health insurance is lost through no fault of their own, this provision is waived.**

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Provides period of continuous coverage regardless of income changes	**X** No _____ Yes, specify number of months Explain circumstances when a child would lose eligibility during the time period	_____No **X** Yes, specify number of months **12** Explain circumstances when a child would lose eligibility during the time period **A child would loose eligibility the month after their nineteenth birthday, they obtain creditable medical insurance through another source or they move out of state.**
Imposes premiums or enrollment fees	**X** No _____Yes, how much? Who Can Pay? ___ Employer ___ Family ___ Absent parent ___ Private donations/sponsorship ___ Other (specify)	**X** No _____Yes, how much? Who Can Pay? ___ Employer ___ Family ___ Absent parent ___ Private donations/sponsorship ___ Other (specify)
Imposes copayments or coinsurance	**X** No _____Yes	**X** No _____Yes
Provides preprinted redetermination process	**X** No _____ Yes, we send out form to family with their information precompleted and: ___ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed	_____ No **X** Yes, we send out form to family with their information and: ___ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed

5.2 Please explain how the redetermination process differs from the initial application process.

The only difference between the initial and redetermination process is that the individual receives a redetermination form that includes the demographic information preprinted on the form. They must still complete all other sections of the application that are similar to the initial application form.

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

6.1 As of September 30, 2001, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group? If the threshold varies by the child's age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.

Title XIX Child Poverty-related Groups or Section 1931-whichever category is higher

133% of FPL for children under age **6**
100% of FPL for children aged **6-18**
____% of FPL for children aged _____

Medicaid SCHIP Expansion

133% of FPL for children aged **0-5**
100% of FPL for children aged **6-18**
____% of FPL for children aged _____

Separate SCHIP Program

140% of FPL for children aged **0-18**
____% of FPL for children aged _____
____% of FPL for children aged_____

6.2 As of September 30, 2001, what types and *amounts* of disregards and deductions does each program use to arrive at total countable income? *Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter "NA".*

Do rules differ for applicants and recipients (or between initial enrollment and redetermination)

____ Yes **X** No

If yes, please report rules for applicants (initial enrollment).

Table 6.2			
	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	Separate SCHIP Program
Earnings	$ **Count Gross**	$ **Count Gross**	$ **Count Gross**
Self-employment expenses	$ **Allow a %**	$ **Allow a %**	$ **Allowed**
Alimony payments Received	$ **Total Amount**	$ **Total Amount**	$ **Total Amount**
Paid	$ **Total amount**	$ **Total amount**	$ **Total amount**
Child support payments Received	$ **Total amount minus $50**	$ **Total amount minus $50**	$ **Total amount**
Paid	$ **Total Amount**	$ **Total Amount**	$ **Total Amount**
Child care expenses **Reasonable**	$ **Out-of-pocket**	$ **Out-of-pocket**	$ **Out-of-pocket**
Medical care expenses **health insurance premium**	$ **Total Paid**	$ **Total Paid**	$ **N/A**
Gifts **Occasional small gifts disregarded otherwise count**	$	$	$ **N/A**
Other types of disregards/deductions (specify) **Mandatory payroll deductions on earned income or $90 whichever is greater**	$	$	$

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups

___No __**X**_Yes, specify countable or allowable level of asset test **$3,000 for one, $6,000 for two and add $25 for each additional household member.**

Medicaid SCHIP Expansion program

____No__**X**__Yes, specify countable or allowable level of asset test **$3,000 for one, $6,000 for two and add $25 for each additional household member.**

Separate SCHIP program

__**X**__No____Yes, specify countable or allowable level of asset test_____

Other SCHIP program_____

____No____Yes, specify countable or allowable level of asset test_____

6.4 Have any of the eligibility rules changed since September 30, 2001?

___ Yes _**X**__ No **But North Dakota has a Medicaid Expansion in for review to eliminate the asset test for the Children and Family Coverage groups of Medicaid.**

SECTION 7: FUTURE PROGRAM CHANGES

This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.

7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2001(10/1/00 through 9/30/01)? Please comment on why the changes are planned.

A. Family coverage **N/A**

B. Employer sponsored insurance buy-in **N/A**

C. 1115 waiver **N/A**

D. Eligibility including presumptive and continuous eligibility **North Dakota has changed the method used to determine eligibility for self employed individuals. In the past, eligibility was determined based on a three year adjusted gross income average. This was changed to use the best of a three-year or the last year adjusted gross average, whichever was more beneficial for the applicant.**

E. Outreach **North Dakota has contracted with two tribal entities to provide outreach on their perspectives tribes.**

F. Enrollment/redetermination process **N/A**

G. Contracting **N/A**

H. Other **N/A**

Healthy Steps Medicaid Follow-Through Survey
Summary Report

North Dakota Department of Human Services
Healthy Steps

January 2001

During December, 2000 a four-question survey was mailed, along with a self-addressed, stamped envelope, to all 172 individuals on the Healthy Steps Children's Health Insurance Plan who have been referred by Healthy Steps to complete a Medicaid application but, according to Department of Human Service records, had not yet done so. The purpose of the survey is to try to help find out what the Department of Human Services could do to encourage the completion of the Medicaid application.

Of the 172 surveys sent out, seven were returned as undeliverable. Twenty-seven completed surveys were returned for a 15.7 percent response rate. Based on the low response rate, any generalization beyond the returned surveys would not be appropriate.

Three of the 27 respondents checked that they had not been referred by Healthy Steps to their local county social service agency to complete an application for Medicaid. For these three, the survey ended (leaving a remainder of 24 surveys).

Seven of the remaining 24 respondents checked that they had completed a Medicaid application and had either brought or mailed it to their local county social service agency. For these seven, the survey ended (leaving a remainder of 17 surveys).

The 17 remaining respondents completed the third question which stated: "If you have been referred by Healthy Steps to your local county social service agency to complete a Medicaid application but have not completed a Medicaid application, we would like to know why you have not completed the Medicaid application." Seven possible responses were given and they were asked to check all of the responses that applied to their situation.

Of the 17 remaining respondents, two (11.8%) checked that they don't understand Medicaid. No one checked that transportation problems were the reason for not completing the Medicaid application. Three (17.7%) checked that they were unable to get copies of the required information. One (5.9%) checked that he/she was not sure where he/she has to go or what he/she has to do to deliver the application. Eight (47.1%) of the 17 respondents checked that they don't want to get involved with the county.

Five (29.4%) checked that they don't want to. This group was also asked to specify reason why they didn't want do. The reasons given included:

* Because they said I'd have to put the father on the birth certificate and he'd beat me up while I was pregnant and is no longer in our lives.

* We don't like the stigma associated with MA. We have been treated as low class in the past.

* I don't want the stigma of asking for welfare, though I'm sure we'd probably qualify.

* Negative stigma associated with social services and "welfare"...at least according to my husband and his family.

* I already did one a few years back when I got my son on the Blue Cross-Blue Shield Program. He wasn't accepted for Medicaid as I was over their limit of assets.

Finally, eight (47.1%) check the "Other" response. This group was also asked to specify what they meant when they checked "Other." The responses are shown below.

* Time off from work without pay.

* I don't like social workers. They come into a situation and try to "fix" things and only make things worse. They are pushy and make assumptions about situations and people.
Another reason is social services won't help my child because the father is not involved. I feel it is in my child's best interest not to have the father involved for any reason, and because I'm protecting my child. Social services punishes my child by not helping.

* Form is so lengthy and a lot of the information needed is immediately available. Make it less complicated. We have full-time jobs with little time to spare to make calls or run around getting information. Feel that we probably won't qualify. I continue to pay out of pocket for my children's insurance which is a huge amount out of my monthly income.

* Daughter is 19 now, in college. Does she still qualify?

* Know we won't qualify.

* I applied before and I was denied.

* Too long of an application. Always have a recipient liability. Have to send things in every month.

* It's funny how all of my family's tax dollars go to help others but the rest of us have to beg or be destitute to get even special isolated help not on-going benefits.

Lastly, the respondents were asked what the Department of Human Services can do to help them complete the Medicaid application. Their responses included:

* Less paperwork - 42 pages!

* Nothing because like I said I have talked to you guys before and I told you the problems I have with my baby's daddy and the person kept pushing the issue that if I cared I'd do what I had to do so my child has Medicaid but the child's safety comes first.

* Minnesota has a program called MinnesotaCare, where a person receiving MA through MinnCare is not able to be identified as such at the doctor's/dentist's office. The person receives a medical card just like any other person with insurance, such as Blue Cross, etc. We paid a percentage of the cost of insurance based on our income.

* Get the right people up there. I know where you give to people that abuse the system then when I need it you all just jump over me.

* Make it shorter.

* I am a single parent of two children. I work my butt off and get no child support and no help from mom. I can't afford to take time off and drive 30 miles one way to Fargo with my kids. Just stay open long and be more helpful.

* If I knew I wouldn't qualify for Medical Assistance or any other kind of assistance, I would fill out their application, in order to qualify for Healthy Steps. I was on welfare for a few years and it was completely degrading and demoralizing.

* Nothing - we have Blue Cross/Blue Shield for our daughter even though it costs a lot. Thanks anyway.

* I requested an application and yet have not received one.

* Make Medicaid available to non-traditional families.

Hjl/r&s/01-03-01